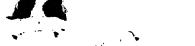
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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR	2818.1US (92-0399.1-RE)
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next I believe I am the original, first and sole inventor (if only one name is list and joint inventor (if plural names are listed below) of the subject matter in patent number	ted below) or an original, first r which is described and claimed 994 , and for which a
the specification of which	
is attached hereto.	
was filed on as reissue application nu and was amended on (If applicable)	umber /
I have reviewed and understand the contents of the above identified spas amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to pate 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or in below. (Check all boxes that apply.) by reason of a defective specification or drawing.	entability as defined in
by reason of the patentee claiming more or less than he had the r	right to claim in the patent.
by reason of other errors.	
At least one error upon which reissue is based is described as follows:	
v	

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		1	Docket Number (Optional) 2818.1US (92-0399.1-RE				
applicant. As a r	ted in this reissue applicat named inventor, I hereby a nd transact all business in	appoint the follow the Patent and I	ing attorney Frademark	tive intentio	n on th	e part of the) to prosecute	
Name(s) Joseph A.	Regis	tration Number 28,	765				
Joseph A. James R.			393		· · · · · · · · · · · · · · · · · · ·		
Brick G.			581				
Michael L			871				
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OR	Type Customer I	Number here	J ,				
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Country	U.S.A.						
Telephone	801-532-1922		Fax	801-53	1-916	8	
or both, under 18 L application, any pa Full name of sole of Michael B		illful false statemen patent to which this	ts may jeopa	ardize the va	lidity of	the	
Inventor's signature	Thehall	B Bull	1			······································	
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	d joint inventor (given name,						
_							
Inventor's signature			Date				
Residence			Citizenship				
Post Office Addres	s						
Full name of third j	oint inventor (given name, fai	mily name)					
Inventor's signature			Date				
Residence		Citize	Citizenship				
Post Office Addres	s .						
Additional join	inventors are named on sep	earately numbered	sheets attac	hed hereto.			